

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023876

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1002

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED JUN 24 1963

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWNSHIP SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL		d. STREET ADDRESS (If outside, give location) 629 W. WEBSTER	
3. NAME OF DECEASED (Type or print) First Middle Last PAUL C. BAILEY		4. DATE OF DEATH Month Day Year JUNE 13, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8 Nov 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SWITCHMAN		10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.	
11a. FATHER'S NAME JAMES H. BAILEY		11b. MOTHER'S MAIDEN NAME DELIA CASTELLO	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		12b. SOCIAL SECURITY NO.	
13a. NAME OF DECEASED JAMES H. BAILEY		13b. NAME OF HUSBAND OR WIFE BESSIE BAILEY	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured abdominal viscera (stomach) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Reticulum cell sarcoma DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 11, '63 to June 13, '63 and last saw him alive on June 13, '63 Death occurred at 7:55am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles H. Schaffner		22b. ADDRESS 1130 N. Jefferson Springfield, Mo. 6-18-63	
22c. DATE SIGNED (State) 6-18-63		22d. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-15-63	
24. FUNERAL DIRECTOR KLINGNER MORTUARY		25. DATE RECD. BY LOCAL REG. 6-21-63	
26. REGISTRAR'S SIGNATURE Effie S. Melton		27. REGISTRAR'S SIGNATURE	

jkjr

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0397

2 0397

3

4 0

5 1

6

7 0

8 2

9 2000

10

11

12 4-0

13

JUN 25 1963

JUL 1 0 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Klunzinger Jr

Licensed Embalmer No. 5702

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Permit 6-14-63